A Challenging Case Management Client

Presented By:
Robin Jackson
And
Kathy Mitchell

The GOOD

The BAD

Cavity Mass
Right Upper Lobe

Navy – Vietnam

Non-compliant

Alcoholism

Weight Loss
39 LBS in 6 Months

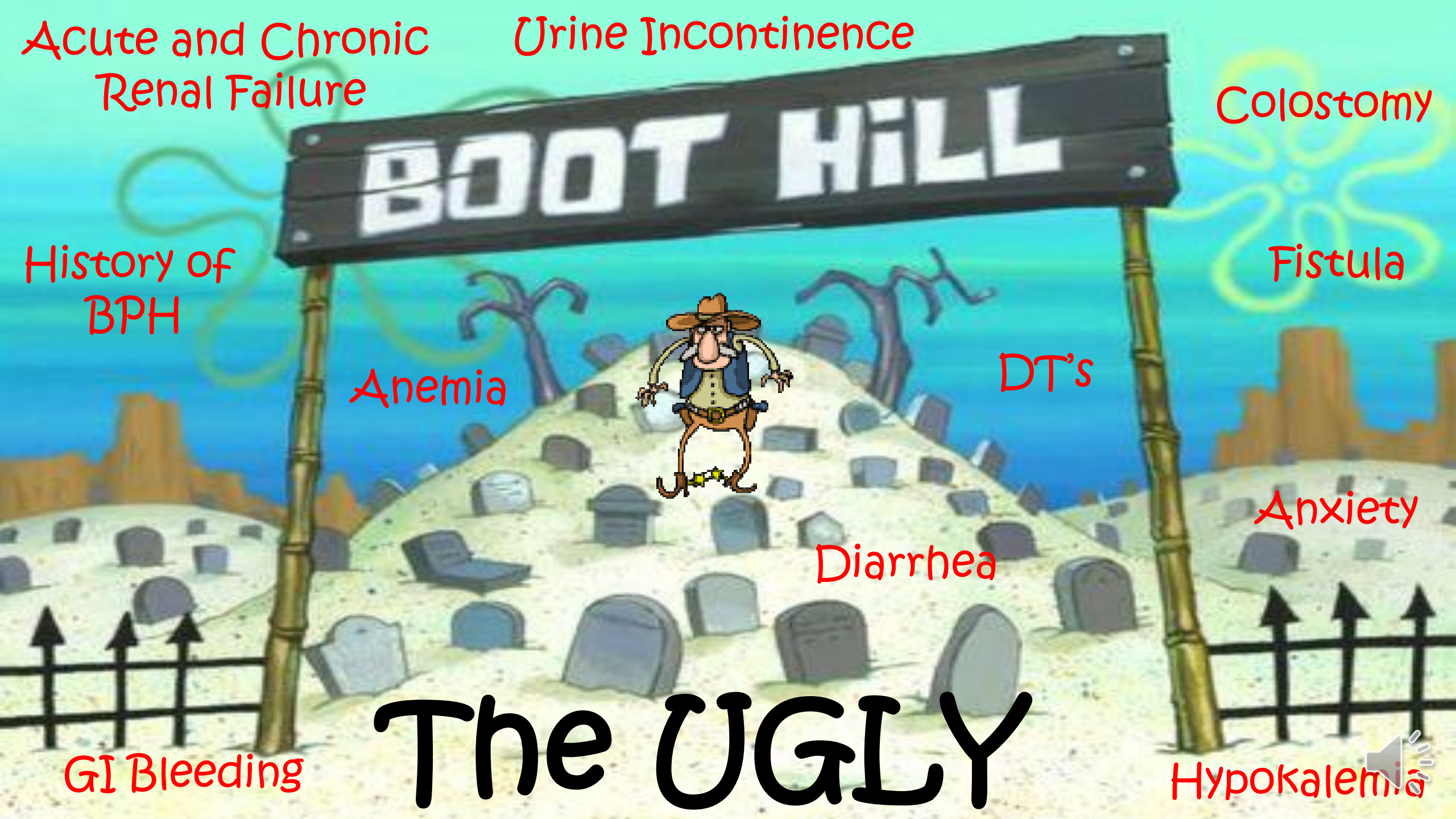
Exposed to TB

Incarcerated

Smokes 1 ½ Packs a Day

Thickening of
The Bladder

Chews Tobacco


Acute and Chronic Renal Failure
Urine Incontinence
Colostomy
BOOT HILL
History of BPH
Fistula
Anemia
DT's
Anxiety
Diarrhea
The UGLY
GI Bleeding
Hypokalemia

June 20, 2014
Admitted to Hospital A

- Rectal Fistula
- Bleeding from Prostate
- Bladder lining grossly thickened
- Patchy infiltrates on chest x-ray

June 25, 3014
Transferred to Hospital B

- Surgical consult secondary to fistula
- Pre op chest x-ray abnormal
- June 27, 2014
  - Aspiration of prostatic abscess
  - Colostomy created

June 30, 2014

- Pulmonologist Consult
  - Wt. loss 39 lbs. in 6 months
  - Rt. Upper lung Cavitary mass
  - Positive exposure to TB- 45 years ago
  - Smokes 1 ½ pack per day

Recommended Bronchoscopy to evaluate cavitary mass

Patient refused due to pain from previous surgery

OK to defer evaluation of cavitary lung process.

- If infectious it may resolve on current treatment.
- If worsens will evaluate then.
- If discharged needs a F/U plan to assess the lungs.

July 2, 2014 Discharged to LTCF A with active problems

- Colostomy
- Fistula of Intestine
- Anemia
- Anxiety
- Hypokalemia
- Severe protein calorie malnutrion
- Cavitary lesion

Patient signed himself out of LTCF A on July 5, 2015

December 1, 2014
Readmitted to Hospital B

- c/o urine coming from the rectum
- Urinary retention
- Anemia
- Acute renal failure
- Vasicorectal Fistula- established and worsening
- Enlarged prostate

Scheduled for Exploratory Laparotomy on December 3, 2014

- Cavitary lession of lung
- Experience DT's and unable to have surgery
- Stools in ostomy were hemacult positive
- Anemia
- UTI

Discharge on 12/16/2014
to HOME

3/29/2015 Presented to Hospital B and Transferred to Hospital C

Admitting Diagnosis:

- UTI
- R/O Pyelonephritis
- PNA
- Dehydration
- Stomal Protrusion

Symptoms and findings on admission

- Diffuse weakness
- Fever
- Cough

- Multiple cavitary lesions noted
- U A positive for nitrite, blood and bacteria
- GFR of
- 42 consistent with CKD stage 3

April 3, 2015

- Unable to obtain sputum
- Ct Guided biopsy and Broch Washing:
  - AFB smear positive
  - PCR - + MTB

April 11, 2015

- Started on 4 drug therapy

- Second week of admission
  - Developed LLL DVT
    - Heparin Drip complicated by Rifampin
    - Switched to Lovenox
    - 4/27/2015 switched to Coumadin

April 13, 2015

- Hospital C reported +MTB results to VDH

Smears

- April 24, 2015 – Sputum 2+
- April 25 , 2015 – Sputum 2+
- April 26, 2015- Sputum 2+
- April 29, 2015 Sputum 2+
- May 1, 2015- Sputum 2+
- May 2, 2015 – Sputum 2+
- May 6, 2015 – Sputum 1+
- May 7, 2015- Sputum 2 + (positive MTB complex by PCR)
- May 12, 2015 Sputum 2+
- May 15, 2015 Sputum positive
- May 18, 2015 Sputum 3+

Discharge HOME 5/21/2015

- Foley in place – change q 30 days
- Colostomy in place
- Continue on RIPE
- Monitor INR for Coumadin Therapy for afib/DVT, indefinite length
- Monitor GFR
- Home isolation

HOME Situation

- Lived alone in a trailer
- Daughter- care giver lives 45 min. away
- PMD – 30 minutes in opposite direction
- All home health agencies refused services
- Long term care facilities refused admission
- Health department to do DOT

Contacts of Patient:

2 Family Contacts

11 in Community

30 in Hospital A

71 in Hospital B

142 in LTCF A

Home visit – 1st week

- DOT started 5/26/2015 with 4 drug therapy
- 5/28/2015- Sputum AFB 3+, MTB positive
- 5/29/2015- P MD contacted because patient was having nausea

6/1/2015 – Home Visit

- Abdomen hard and distended
- C/O LBP with stomach pain
- Evidence that patient had not been attended over the weekend
- Refused DOT
- Daughter transported to Hospital A
- Patient signed himself out AMA

6/2/2015

- Patient travels to PCP for lab work- stopped and did DOT
- PCP unable to evaluate – rescheduled
- Daughter called later
  - Transporting patient to Hospital B because of bright red bleeding from the stoma
  - Hospital ER reduced stoma and discharged him to home

6/09/2015

- Continues on DOT
- Blood work results show a critical Uric Acid and RBC level
- Liver Function normal, GFR- 37, Creatinine 1.68 PCP notified

6/11/2015

- Home visit for DOT
- C/O abdominal pain, tarry stools, protruding stoma
- Daughter takes patient to VA Center 1 for evaluation
- Daughter calls later, he signed himself out AMA because of long wait

6/18/2015

- Patient's Foley catheter detached from catheter bag
- Patient states he will attach later

6/19/2015

- Stoma protruding
- Very scant amount of urine
- Daughter calls later
  - Patient vomiting, with severe abdominal pain with chilling
  - Daughter taking him to Hospital A
  - VA 2, ID physician called and discussed patient's condition
  - VA 2 will accept Patient as a transfer
  - PHN discussed VA 2 option with Hospital A ER
  - Patient discharged back to home

6/22/2015

- Stool culture obtain + C.Diff and patient started on oral Vancomycin
- Patient has no home health
- 30 minute drive to PCP
- Only means of transportation is daughter

- Sputum Smear negative on June 18, June 24 and June 29
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- No growth on cultures

7/2/2015

- ETH and PZA discontinued
- Rifampin increased to 900 mg per day after drug level drawn

July 15, 2015

- Home health began and Foley catheter was changed.

8/17/2015

- PHN went to do DOT and heard patient talking incoherently
- Door locked. PHN called daughter
- Daughter arrived in approximately 1 hour
- Patient on couch, again with no evidence of having received any care for several days
- Patient unable to sit up to get to phone
- Patient appeared to have not had fluids or food in two days
- 911 called and patient transported to Hospital A

8/24/2015

- Patient discharged from Hospital A
- Daughter drove him in her private vehicle to VA 2
- Admitted to VA 2

8/27/2015

- Pt. moved to LTCF B
- PHN communicated with LTCF B in regards to TB drugs

- 09/07/2015 Patient signed himself out AMA from LTCF B
- Patient took DOT 2 days out of 6 days attempted.
- Refused to come to door the other days.

09/15/2015

- Went to home for DOT- Patient opened door
- Very weak and disheveled
- Large amount of bright blood in Foley Catheter (started the night before)
- Coumadin on table, he is unsure how many he took.
- C/o abdominal pain, chills and pain in the penis
- Cough- loose
- Wanted daughter to take to ER. Daughter notified
- Daughter on her way, patient began have more abdominal pain
- 911 notified and he was transported to Hospital A
- Ask PHN to go with him- PHN went to ER and spoke to ER Physician

9/15/2015

- Patient sent to VA 2 hospital. He is currently being treated for heart blockage and severe UTI.

Careful how you label TB –
it could easily be
you or me.

THANK YOU

Happy Trails

Jane –

Hospital/VA/LTC

Staff & Caregivers

We'll Miss You!

Dr. Melody Tounids

District Health Director

Dale Moore

VDH TB Program

Dr. Eric VAoult

VFA Coordinator

CPWE DHHS

Lex Gibson

VDH DSI